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ABSTRACT

Addressed to trainers of infant day care providers, this presentation indicates knowledge and skills through which trainers can foster competence in caregivers. First, caregivers should be familiar with Eriksonian and Piagetian developmental theory. Second, caregivers should be aware of the guidelines for practice provided by empirical research. (Secure attachment, for instance, has been found important for the mental health of infants and toddlers, and is associated with successful learning, obedience and compliance, sociability and altruism, and competence. Research findings also indicate the significance of adult language transactions for infant language development and the importance of body contact and emotional responsiveness between caregivers and infants.) Third, topics for caregiver training should include infant development, interpersonal skills in the process of reciprocal interactions with infants, logistical and practical skills, and ways to encourage parent-caregiver partnership. In conclusion, the paper recommends 10 personal and contextual ways of fostering competence in caregivers being open to such as modeling desired behaviors, clarifying values, and providing praise. (Author/RH)

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Quality Training for Infant Caregivers

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Within the past decade, increasing numbers of working parents and single parents have made urgent and clear a national need for quality infant day care. Infants are the most vulnerable age group of all children for whom day care is needed, in terms of the rapid growth potential of humans during the first years of life. Brain functions are most sensitive to modifications during their period of most rapid development - infancy (Bloom, 1964). Thus it is particularly important for training infant day care personnel that community resources and energies be marshalled to ensure excellence. Yet the official national attitude, as reflected in federal government classification, is that child care workers and nursery school teachers are classified on the same level as restroom and parking lot attendants (Rheingold, 1973). Obviously, societal attitudes and values will make a difference in the supports offered for training programs.

If the nation does decide to marshal intellectual and community resources to ensure excellence in training and in caregiving for infants, what shall be the agenda and how shall training best be accomplished? The answers to several questions in particular need to be well-integrated and applied in order to implement sound training programs.

First, what theoretical principles best illuminate a) goals for optimal caregiver-infant interactions, b) ecological arrangements that will foster active learning, and c) optimal transactions to enhance language and intellective competence in the very young? Second, what have family and group care research findings taught us about the context of nourishing healthy, prosocial, and intellectually competent children under three? Third, what

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principles of human communication from the therapeutic or healing professions will best serve change agents in developing modules and methods to train adults as quality infant caregivers?

Theoretical supports for conceptualizing the content of training are crucial for the establishment of developmentally appropriate goals. Meeting infant needs in day care needs to be more than the provision of "recipes" for what toys to buy, and how to use space and time. Understanding of the goals of optimal infant development can infuse daily routines, daily activity and toy provisions with that intellectual and emotional awareness and commitment that can marshal and galvanize growth potentials in infants. Knowledge gleaned from research in a variety of infant rearing situations, including homes that optimize competence and caring, can be very useful in suggesting characteristics of the adult trainee and of the care setting that will need to be taken into consideration for promoting developmental goals. Finally, the training climate in which adults share information, learn, reflect on basic attitudes toward infants, and integrate new knowledge and attitudes into active decision-making and caring practices with babies on a daily basis, can deeply influence the effectiveness of training programs. This discussion will be addressed, then, to those responsible for training. How can you best carry out your complex, challenging job?

Theories That Trainees Will Need To Know About

Knowledge of Eriksonian theory is an important contribution to the caregiver's ability to provide the kind of emotionally secure and loving ambiance in the context of which an infant thrives. Erikson's conceptualization of development as a series of struggles between emotionally positive learning (about the value and ability of the self) and more negative, discouraging learning, helps caregivers to relate their behaviors to the infant's own

struggles with these developmental "nuclear conflicts" (Erikson, 1953).

The infant must first learn to trust that the world is a loving, good, secure and satisfying place to grow up in. Honig (1978) has characterized this trust-learning as having four components: infants learn to rely on caregivers for nurturing basic needs in a regular and prompt manner; infants learn to trust their own body signals and needs as being important and worthy of satisfaction; adults learn to trust infant distress signals as indications of real needs that should be met as promptly and appropriately as possible; adults communicate that they feel quite competent and comfortable about being able to meet the needs of babies.

The second and third Eriksonian nuclear conflicts reflect the toddler's struggles to reconcile own needs (for self-actualization, for choosing, for coming to moral decisions about how to relate to others) with the wishes and social requirements of society. Mahlerian theory (Kaplan, 1978) conceptualized this struggle even more poignantly as an attempt to reconcile the need for perfect oneness and molding closeness with the loved caregiver and the equally intense toddler need to become independent, to make separate unique decisions. The fierce tug between wanting oneness and wanting independence needs to be profoundly empathized with by infant caregivers. Otherwise, their responses to the toddler can take away the joy of initiatives, take away the right to make moral, inner-directed, not outer-coerced choices, take away the feeling of being able to be on one's own and at the same time be comfortable with the need for interdependence with others. The brave two-year-old who has just been so bossy and into so much "mischief" is not being "babyish" when, tired, or suddenly in need, he flings himself into a caregiver's lap. A quality infant caregiver tunes in to the seesawing needs for independence and for needing still to be nourished by the steady acceptance and caring of loved and loving adults.

The tasks and gains of infants and toddlers through each of the six Piagetian stages of sensorimotor and early pre-operational development need to be covered through live demonstrations as well as explanations. Babies at each stage will respond to tasks and problems and materials in ways that will clarify for trainees the level at which the infant is functioning. Encourage trainees to see the levels at which infants are functioning. For example, the "stage 4ish" nature of a baby's object permanence behavior comes clear as she persistently searches under the first screen where a toy has been previously hidden several times instead of under the new cover where the toy has just this time been clearly hidden by the caregiver (Piaget, 1952).

Help caregivers to become sensitive to the level of sensorimotor performance of an infant on a variety of tasks. Treating babies as alike because they are the same age or the same bulk is a common notion that interferes with developmentally appropriate interactions. The author once watched a caregiver of a stage 4 baby present a causality toy. The green frog at the end of a plastic rope was to be made to jump by pressing the bulb attached to the other end of the long plastic tube. The caregiver kept urging the baby to make the frog jump. The baby in wonderment reached out gently to touch the large bulging eyes of the plastic frog. "Won't you work him. Make him go! Don't you like any of the toys today?" chattered the worker. The ability to figure out causal connections to solve this task was far above the developmental level of the baby. The adult's responses showed no recognition of where the infant was functioning. Lack of sensitivity to the problem of the "match" prevented the caregiver from having an enjoyable play time with this infant and this toy. Piagetian theory requires sensitive matchmaking. The caregiver needs to lure the infant forward developmentally

by recognizing competence at a given level and then making the task just a bit more novel, more puzzling, more difficult than the infant can handle comfortably already. Large jumps beyond the capabilities of the infant leave the infant frustrated and confused.

Training can help caregivers tune in to Piagetian levels and to become able to "dance the developmental ladder" (Honig, 1981a). If a task set for an infant is somewhat too difficult, the caregiver can ingeniously arrange to make the conditions easier for success. If the task has been comfortably mastered at a given level, the caregiver can then increase the challenge just a bit. At the Children's Center in Syracuse, New York, (Honig & Lally, 1981; Lally & Honig, 1977) our training program gave caregivers the insights and incentive to use their ingenuity in designing problems and arranging encounters that were judiciously challenging but not frustrating for infants. For example, a caregiver had been presenting a "means-ends" Piagetian problem to an infant. He could easily pull one string to get the lure at the end; but a two-string problem presented with a parallel string without lure was too hard for this baby. His caregiver devised a way of making the presence or absence of the lure more salient. She set the end of each string on top of an upside-down orange juice can. The infant could now clearly see which string end was attached to his favorite chewable toy and which (parallel-placed) string had no lure attached.

The ability to devise new steps on the developmental ladders of learning is a great creative enterprise of caregivers. Trainers must convey to staff this sense of being important innovators. Quality caregivers are constantly involved as noticers of baby responses and as creators of program ideas.

Recognition of the developmental level at which an infant is busy learning can transform the meaning of infant behaviors for adults. For example, the Piagetian stage 5 baby is busy tring to create new means to

achieve old goals, busy trying to find out "what will happen if," busy carrying out small trial-and-error experiments to see just how the world works. Living through this often messy, investigative period is trying for caregivers. Paper tissue boxes may be emptied. Toys may be dropped into toilet bowls to see if the toys float. Food may be mashed and pushed under the liquid level of a glass of milk to see what happens. Caregivers who understand the urgent needs of the stage 5 baby for explorations can possibly arrange for safe water-play experiences and will be calmer about restating food-handling rules. The caregiver will recognize toy flinging and dropping often as attempts to see where things fall and attempts to make spatial sense of the world. The child will not be seen as a little monster who is just trying to create mess and nuisance to aggravate adults.

The import of Piagetian theory has been succinctly summarized by Escalona: "Infants...do not receive stimulation and absorb what is taught. They actively and selectively respond to people and to the world about them. They process information so received; they alter their immediate environment; they seek out and perpetuate experiences that nourish learning; they struggle for mastery against obstacles; they literally learn by doing." (1981, p. 14).

Training must include tips on how to recognize typical behaviors and milestones in infant development and how to arrange experiences, safeguards, and substitute activities to allow a harmonious, safe environment in which infants can explore and learn and adults do not become worn out.

Research Findings that Offer Guidelines for Quality Caregiving

The importance of secure attachment for emotional mental health of infants and toddlers is the most important research finding that caregivers need to absorb. The serenity of babies, the joy of babies, spring from a deep somatic conviction that they and their bodies are safe, secure, delighted in, well-nourished and worthy of being tended to and made comfortable.

The caregiver will complement the parent in extending the infant's basic growing trust in adults as providers of such security and love. In some cases, the caregiver may not only complement the family in such provision. In the case of court-ordered care for abused and/or neglected infants and toddlers, the caregiver's tenderness and prompt response to crying and to needs for solace may be a prime source for the infant to learn basic Eriksonian trust and to store up early emotional feelings of goodness and harmony with the world. Such feelings can serve to buffer the growing child in life against possible harshnesses and deceptions.

In a day care center the author visited, the head caregiver forbade a young teenager helping out in the room from picking up a desperately crying sixteen-month-old: "She just wants to be picked up. Don't spoil her!" As the infant continued crying, the young man, clearly distressed, waited until the head teacher moved away, then gently put the baby to his shoulder. Exhausted with sobs, she molded into his shoulder and promptly fell asleep. Caregiver training must make clear that prompt response to clear signals of infant distress has been found correlated with the most optimal outcomes for babies. Moreover, Ainsworth has suggested that "vicious" or "virtuous" spirals of caregiver infant interaction can ensue. Infants who are left in distress cry more during the succeeding months of the first year of life. Caregivers and infants are in a mutual pact learning to read each other's cues, learning to dance in a synchrony of eye engagements and of body responses in order to maximize the delight and enjoyment in the intimate interaction game (Brazelton, 1975). Caregivers in training must feel that this is a dance of life. It is vitally necessary for the flourishing of infants in day care as well as in families.

The second important research news is that such a secure base for infant emotional well-being also provides a groundwork for the infant to become a

good learner. Babies whose signals are promptly responded to and who are given floor freedom in their environment, feel more free to leave the "home base" of the caregiver to explore (Ainsworth & Bell, 1973), and have higher developmental scores at the end of the first year of life (Beckwith, 1971). Infants who are securely attached, when examined for tool-using competencies later in their second year, show increased persistence at difficult tasks and are more apt to use the adult as a source to go to for help when the problem-solving tasks are too hard. They are much less prone than insecurely attached control babies to have temper tantrums when faced with frustrating, difficult tasks (Sroufe, 1979). Moreover, this early intellectual payoff of secure attachment lasts into the later preschool ages, and appears as a greater curiosity and resiliency at age five (Arend, Gove & Sroufe, 1979).

Obedience and compliance of toddlers also reflect the initial security of adult-infant attachment. Increased compliance with adult commands, with testers and with caregivers has been found for infants who had experienced secure rather than insecure attachments (Stayton, Hogan & Ainsworth, 1971). Mothers who used warmer voices in giving commands and who were gentle at physical handling of twelve-month-olds, had toddlers who were more co-operative with adults at 21 months (Londerville & Main, 1981).

Sociability and altruism are also affected by the quality of infant-caregiver attachment. Mothers who provide a lot of love and attention to an infant's little hurts and who are firm in non-acceptance of their infant's negative behavior toward others have toddlers who display the most concern and sharing, caring, and helping behaviors toward others in distress (Yarrow & Zahn-Waxler, 1977). Giving love and attention to an infant teaches the infant how to become a concerned giver to others. Babies who have been mistreated show increased avoidance of eye contact. They ignore friendly caregiver overtures and show twice as much aggression toward adults and toward

peers as non-abused toddlers (George & Main, 1979). Positive social interaction learning requires that adults provide such models and such patterns in interaction with infants and toddlers. Pro-social behaviors in the day care center cannot be taught just by fiat or rules. Pro-social skills can be learned, first in personal interactions with loving adults, then in encounters with other infants where sharing and caring and cooperation are modeled, rewarded, and arranged for. Perceptive caregivers arrange for toddlers to receive intrinsic satisfactions, as, for example, when a game is set up so that two toddlers, each holding two corners of a large towel, can keep a ball bouncing up and falling back onto the large towel, in a cooperative, pleasureful game.

Competence at the end of the infancy period has been found to be highly related to the quality and kind of caregiver interaction with infants over the first three years of life. Carew, Chan & Halfar (1978) have given detailed examples of caregiver interactions with infants that were reflected later in competent or incompetent behaviors by age three. Some families arranged interesting experiences; allowed somewhat messy explorations; severely curtailed TV to educational programs watched along with tots, taught; frequently read stories; role-played in imaginative game-like ways; relied little on physical punishment, had firm rules and explained them; demonstrated, entertained, responded positively to child questions, and allowed toddlers to participate in household tasks. Families characterized by such activities and philosophies of infant-rearing produced the most competent children.

Language learning is a gift of great power that many infants are not given. As Escalona reminds us, "Children can learn to speak in phrases, using correct syntax, late in the second year. They can speak fluently

before the age of three" (1981, p. 14). Yet in many day care centers for low income children, this richness of language ability may not be well nourished. Sensitivity to the toddler's level of understanding and attempts to lure babies into love of language and love of books may or may not be a primary goal of caregivers (Honig & Wittmer, 1980).

Trainees need to focus on specific ways in which they can become partners in awakening the infant's pleasure in learning new words. Enlist infants' natural ability to learn language to help them get their needs met through use of words. Expansion, reinforcement, modeling, direct tuition, talking about pictures, and labeling during children's actions ("parallel talk") have been found to boost language development. Mothers gradually increase the length and complexity of children's grammar. Trainers need to stimulate caregivers to think of ways in which each of the daily child care routines can be used to boost language learning skills. How can diapering time be used? Eating times? Clean-up times?

The importance of rich language interactions cannot be overemphasized. Many caregivers dismiss infant babblings. Many find jargon hard to decode. Interested adults can make children feel the importance of their early receptive and expressive efforts with language. Carew's (1980) research contrasting infant development in day care with infant development in homes found the same overwhelming importance of adult language transactions in both settings. "The findings of these two studies carried out in very different settings and with dissimilar samples were remarkably consistent in pointing to the role of antecedent, interactor-provided, language-mastery experiences as influencing the child's tested intellectual competence at age three" (p. 64).

Grace and surety in bodily functioning can give an important boost to babies in their social functioning. To grow up feeling competent about how

their bodies work, babies need lots of safe opportunities to use small muscles (as in self-feeding and puzzle and pegboard work), and to practice large-muscle skills (as in creeping, walking, and climbing). Children also neeed to feel that their bodies are good, not dirty or bad or clumsy. Toilet training, learning to use utensils, all such social learning, must take place in a context that leaves intact the young child's trust in the goodness of the body. When regarded in this context, then how caregivers respond to body actions, smells and spills and tumbles and needs for cuddling may have important effects on self-concept. Cross-culturally validated attachment research has already shown that mothers with avoidantly attached babies "had an aversion to body contact and exhibited low affective responsiveness" (Grossman, 1981, p. 178). A positive, intimate relationship with baby's body meets the most basic of infant needs and is essential for the ultimate success of child care (Glickman & Springer, 1978, p. 118).

In addition to research findings in the child development domains of large muscle skills, language learning, attachment patterns, etc., caregivers in training will need to know about the relation of cultural styles and family stress as well as nutritional and health factors that can support or interfere with infant thriving. A review of infant research findings is reported in Honig (1979).

Belsky has summarized succinctly the research on infant-caregiver interactions: "It is not surprising that it is infants whose caregivers are sensitive to their cues, responsive to their actions, stimulating, and not too restrictive whom the literature identifies as most likely to develop optimally during the first years of life" (1981, p. 8).

Topics to be Covered in Training

Given that the context of training, which will be discussed below, is crucial to the success in awakening self-awareness and motivating learning and attitude changes in trainees, what topics need to be covered in training infant caregivers?

1. A certain amount of information about infant development, as reflected in theory and research findings will be transmitted: a) How infants develop; b) How to recognize stages of development as they are reflected in behaviors; c) What games are appropriate for encouraging which learnings; d) What toys or activities (homemade or bought) can allow infants to discover the physical properties of solids and liquids; e)What kinds of interactions best help infants to discover how to get along in pro-social ways with peers and adults; f) What songs and chants and picture books are appropriate to boost early language skills (Glazer, 1980).

2. Interpersonal skills in the process of reciprocal interactions with infants can be encouraged in role-playing and in practice sessions, as well as through observing master caregivers (Honig & Lally, 1975).

3. Logistical and practical skills in food preparation and serving, in keeping records, in arrangement of classroom areas to facilitate social, cognitive and physical development, in cleanliness procedures for diapering and for room care will need to be covered. Uses of time and space, and sensitivity to rhythms of days will need to be discussed (Willis & Ricciuti, 1975). Lectures are not enough. On-hand experience in classrooms is preferable. Work with scaled-down room models which permits trainees to explain and justify their ecological arrangements may be provided.

4. Ways to encourage parent-caregiver partnership in nourishing infant growth and development will be explored. In many programs, young children are bussed in. Parents and caregivers rarely have a chance to exchange information, ideas, and feelings.

Efforts should be made to stimulate caregivers to think of ways in which parent-teacher communication can be facilitated at the face-to-face, the written, and the telephone level of communication. Special efforts to attract parents to visit the infant care facility may have to be made. Trainees may want to enlist the support of working parents and of day care personnel to describe ways that may have worked for them to increase parent involvement. Planning for parent contacts may be even more urgent where handicapped or abused toddlers are integrated into early child care programs (Honig, 1981).

Personal and Contextual Ways in which Trainers can Foster Competence in Caregivers

Honig & Lally (1981) have provided a list of ideas which may help trainers maximize their personal resources and their helping skills in working with trainees toward the goal of becoming quality infant caregivers. The following suggestions are adapted from the new introduction to their training text.

1. Model the behaviors that you want caregivers to exhibit with youngsters. Don't just talk about what you would like to see. Show how. Bring in babies and parents. Demonstrate how to play interaction games that are responsive to infant signals yet prevent overstimulation. Use toys and talking to lure babies into reciprocal vocalizing games. Show how to create homemade toys. For example, mobiles and stacking and nesting toys can be made from home discards.

2. Skills in infant interaction grow through practice and through understanding the principles behind caregiver actions. Make sure that caregivers see that their techniques and activities depend on information about infant development, on understanding the hierarchical nature of early learnings that build upon other learnings and on emotional security. Infants are a caregiver's teachers. Informed caregivers pace their teachings and their interactions depending on the responses of infants.

3. Provide resources, written, human (consultants) and audiovisual during training. But stress that no resources are infallible or work in every situation with every baby. Caregivers must trust their caring responses and personal expertise.

4. Explore with caregivers their feelings about freely offering physical cuddling, holding and stroking, not only to infants, but to toddlers, who may act very "grown up" and independent on some occasions. Quality infant caregivers need to be comfortable with and sensitive to infants' physical needs for nurturing, and psychological needs for "recharging emotional energy." Delight and comfort in babies' bodies is tied to their feelings that adults delight in them personally. Caregivers who are uncomfortable with clinging, draping, and cuddling, may need to rethink whether work with infants is the profession for them.

5. Caregivers bring many beliefs and ideas about child-rearing to their new job. Frank, open talks are necessary about these beliefs. Some of them are "A boy needs to fight to learn to be a man"; "Too much book learning is sissyish"; "Letting a baby cry is good for her lungs"; "Big boys don't cry." Some beliefs require careful explorations of feelings and a look at relevant research findings. Invite caregiver questions and examine beliefs honestly and openly. Some beliefs could lead to sexist or insensitive interactions with tots. Yet each adult comes by beliefs through living experiences. Respect the need to struggle to examine and re-examine beliefs.

6. Values clarification may help clear the air about what is important in the life of an infant care facility. Is listening to a story while sitting "properly" more important than a toddler's need to suck his thumb and stroke his Teddy's fur? One toddler teacher came back to her room while her aide was reading a story to the group. The teacher frowned severely at a toddler sitting just as described above. What are the most important values for the

caregivers? Caregivers in training need to wrestle hard with a balance of feelings about diverse program goals. Can caregivers reconcile honoring the importance of balance in promoting cognitive competence, an atmosphere of patience and acceptance, peaceful peer interactions, obedience to adult commands, etc. How to create a total climate for optimal development, how to reconcile adult needs for a program to run smoothly and infant needs for respect for their individual "personhood" may be difficult (Honig, 1982). Discussing potential conflicts between adult preferences (for example, that all two's be potty-trained) and toddler needs (some two's may feel fearfully or angrily unready for such training) may help clarify adult values and how strongly held are these ideas of what is "good" or "bad".

6. Be open to mistakes during training. None of us is perfect as a matchmaker in human interactions. Learning is a risky venture. Trainer and caregivers can risk, try out, learn, fail and continue to grow. Help the caregivers strive for excellence. Perfection with other humans including infant humans is for angels only! Honest ability to be human will allow the caregivers more freedom to grow openly in becoming the best caregivers they can. Helping caregivers grow requires that they discover the personal meaning of new information for themselves. And, the self cannot be forced into learning; it must be encouraged to it (Combs, Avila & Purkey, 1971).

7. Ask trainees to keep diary records. Diaries should record what has been learned or thought about or puzzling each day of training. Diary feedback should permit the trainer to answer questions asked thoughtfully in diaries. The trainer can clarify issues or ideas that did not come across clearly enough during initial introduction of the material. The author has used this method (with personal profit as a learner) for many years in training infant caregivers. Diaries are one way for trainees to vent their pleasures and pains and personal discoveries of meaning during the learning and growth process that will help them become quality caregivers.

8. Give trainees opportunities to practice listening with new ears and seeing with new eyes. Without sensitive noticing skills, it is difficult for adults to respond appropriately to infant needs. Bring in practice babies and parents. Afford opportunities for watching infant caregivers in other settings. Increase the observation skills of trainees whenever possible.

9. Emphasize the ways in which curricular goals can be embedded in everyday routines. Challenge caregivers to brainstorm areas and activities in terms of how and what infants can learn in each circumstance.

10. Praise trainees as they grow. Use a variety of techniques to lure them forward in their learning, even as they are expected to use a variety of techniques to lure babies along the paths of new learnings. Arrange for them to experience and to learn from experience, even as they will so arrange for infants. Workshops on sensory experiences and motoric skills lend themselves particularly to such arrangements of learning-by-doing.

Conclusion

It may be fitting to close this survey of ideas for trainers of quality infant caregivers by quoting from the preface of Honig & Lally's training manual (1981): "Foster spiritually sustaining qualities - compassion, a sense of stirred wonder, doses of humor to relieve tedium or tumbles, comradely courtesies, and joy in the adventure of living and developing. To rear young humans well is an amazing and complex enterprise. May trainers and caregivers find many satisfactions together in this journey toward unknown futures."

References

Ainsworth, M.D.S. and Bell, S.M. Mother-Infant Interaction and the Development of Competence. In K.S. Connoly and J.S. Bruner (Eds.) The Growth of Competence. New York Academic Press, 1973.

Arend, R., Gove, F., and Sroufe, L. Continuity in Early Adaptation: From Attachment Theory in Infancy to Resiliency and Curiosity at Age Five. Child Development, 1979, 50, 950-959.

Beckwith, L. Relationships Between Attributes of Mothers and Their Infants' IQ scores. Child Development. 1971, 42, 1083-1097.

Belsky, J. Early Human Experience: A Family Perspective. Developmental Psychology, 1981, 1 (No. 1), 3-23.

Bloom, B. S. Stability and Change in Human Characteristics. New York: Wiley, 1964.

Brazelton, T.B. Mother-Infant Reciprocity. In M.H. Klaus, T. Leger and M.A. Trause (Eds.) Maternal Attachment and Mothering Disorders. Sausalito. California: Johnson & Johnson Co., 1975.

Bromwich, R. Working with parents and infants: An interactional approach. Baltimore: University Park Press, 1981.

Carew, J. Experience and the Development of Intelligence in Young Children at Home and in Day Care. Monographs of the Society for Research in Child Development, 1980, 45, (Nos. 6-7), Serial No. 187.

Carew, J., Chan, I., and Halfar, C. Observing Intelligence in Young Children. Englewood, N. J.: Prentice Hall, 1976.

Combs, A.W., Avila, D.L., and Purkey, W. W. Helping Relationships: Basic Concepts for the Helping Professions. Boston: Allyn and Bacon, 1971.

Erikson, E. Childhood & Society. New York: Norton, 1963.

Escalona, S.K. Infant Day Care: A Social and Psychological Perspective on Mental Health Implications. Infant Mental Health Journal, 1981, 2 (No. 1), 4-17.

George, C. and Main, M. Social Interactions of Young Abused Children: Approach, Avoidance and Aggression. Child Development, 1979, 50, 306-518.

Glazer, S.M. Getting Ready to Read: Creating Readers from Birth through Six. Englewood Cliffs, New Jersey: Prentice Hall, 1980.

Grossman, K.E., Grossmann, K., Huber, F., & Wartner, U. German Children's Behavior Toward Their Mothers at 12 Months and Their Fathers at 18 Months in Ainsworth's Strange Situation. International Journal of Behavioral Development, 1981, 4, (No. 2), 167-181.

Honig, A.S. Training Caregivers to Provide Loving, Learning Experiences for Babies. Dimensions, 1978, 6, 33-43.

Honig, A.S. Current Research in Infant Development, Bulletin for the Montessori Society, 1979, Nos. 3 & 4.

Honig, A.S. What are the Needs of Infants? Young Children, 1981a. In press.

Honig, A.S. Working in Partnership with Parents of Handicapped Infants. Paper presented at the Johns Hopkins University Infant Symposium, Baltimore, August, 1981b.

Honig, A.S. Meeting the Needs of Infants. Dimensions, 1982, in press.

Honig, A.S. & Lally, J.R. How Good is your Infant Program? Use An Observation Method to Find Out. Child Care Quarterly, 1975, 1, 194-207.

Honig, A.S. & Lally, J.R. Infant Caregiving: A Design for Training. (2nd ed.). Syracuse, N. Y.: Syracuse University Press, 1981.

Honig, A.S. & Wittmer, D. Teacher Technique and Toddler Compliance. Paper presented at the International Conference on Infant Studies, New Haven, 1980.

Lally, J.R. & Honig, A.S. The Family Development Research Program. In M.A. Day & R.K. Parker (Eds.) The Preschool in Action: Exploring Early Childhood Programs (2nd Ed.) Boston: Allyn & Bacon, 1977.

Piaget, J. The Origins of Intelligence. New York: International Universities Press, 1952.

Rheingold, H. To Rear a Child. American Psychologist, 1973, 28, 42-46.

Sroufe, L. The Coherence of Individual Development. American Psychologist, 1979, 34, 834-841.

Stayton, D.J., Hogan, R. & Ainsworth, M.D.S. Infant Obedience and Maternal Behavior: The Origins of Socialization Reconsidered. Child Development, 1971, 42, 1057-1069.

Willis, A. & Ricciuti, H. A Good Beginning for Babies. Guidelines for Group Care. Washington, D.C.: National Association for the Education of Young Children, 1975.

Yarrow, M.R. & Zahn-Waxler, C. The Emergence and Function of Prosocial Behaviors in Young Children. In R. Smart & M. Smard (Eds.) Readings in Child Development and Relationships, New York: MacMillan, 1977.